DOCUMENT RESUME

ED 262 326 CG 018 561

AUTHOR Henry, Philip N.
TITLE Teenage Suicide: Is There a Need for Public Policy in North Carolina?
PUB DATE Oct 85
NOTE 8p.
PUB TYPE Viewpoints (120)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Adolescents; Government Role; *Intervention; Parent Role; *Prevention; *Public Policy; School Role; *State Government; *Suicide; Young Adults
IDENTIFIERS North Carolina

ABSTRACT

The rapid increase in teenage suicides in the United States in recent years has prompted the establishment of new suicide prevention programs and the revitalization of existing services in many communities. The federal government has taken a number of initiatives to curtail the high rise in teenage suicides and several states have taken legislative initiatives to deal with the problem. In North Carolina, local schools provide group counseling and other structural methods to offset crisis situations, and expose students to health-related problems of teenagers in the comprehensive curriculum. It has been recommended that schools form crisis teams and participate in workshops to train school counselors, teachers, and administrators to observe and detect suicide warning signs. Along with strategies employed by local school systems, North Carolina has several awareness campaigns and training workshops sponsored by various organizations. Research has made available much statistical data about teenage suicide and experts have isolated a number of contributory factors which account for the rise in teenage suicides. Suicidologists believe that the rate of teenage suicides could be significantly decreased if parents, teachers, peers, and others working with teenagers were better educated about the problem and more aware of the warning signs. More coordination and leadership are needed from the state level to ensure that efforts at curtailing teenage suicides are maximized. (NRB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED262326

TEENAGE SUICIDE: IS THERE A NEED FOR PUBLIC POLICY IN NORTH CAROLINA?

Philip N. Henry
Raleigh, North Carolina

CG 018561

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.
☑ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Philip N Henry

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

TEENAGE SUICIDE: IS THERE A NEED FOR PUBLIC POLICY IN N.C.?

BY PHILIP N. HENRY, Ph.D.

Teenage suicide has reached epidemic proportions in the United States. Since 1977 some 5,000 adolescents between the ages of 15 and 24 have taken their own lives each year.[1] In fact, suicide among this group has increased nearly 300 percent since 1950 while increasing only 11 percent in the general population. Experts in the field of suicidology predict that the numbers will continue to remain high and at the present rate 5,000 to 7,000 will commit suicide this year. Another 250,000 to 500,000 will attempt suicide. Based on available data, suicide is ranked third among the causes of death for teenagers.

According to data published by the National Center for Health Statistics in 1980, North Carolina ranked tenth among states in suicide deaths of 15 to 24 year olds.[2] Data compiled by the N.C. State Center for Health Statistics indicate that in each of the four years from 1981 to 1984 approximately 130 young people ages 15 to 24 took their lives in this state.[3] In that the national trend is to underreport deaths of a suspicious nature that may be suicides, it is probable that these figures are not accurate. Hence, the true picture of suicide in the state could be much worse.

Efforts to forestall this mass exodus of young people through suicide is commendable. The outpouring of concern from parents, teachers, mental health professionals, radio and television personalities and the media has engendered a campaign of awareness with high intensity. New suicide prevention programs have been established and existing services revitalized in many communities. There are some 500 suicide prevention centers across the country with hotlines staffed by professionals and volunteers.

A recent report published by the Governor's Advocacy Council on Children and Youth entitled Teenage Suicide: The Final Cry indicates that the vast majority of crisis centers in North Carolina have 24 hour services.[4] However, of the 86 respondents to the council's survey, a mere 30 percent had crisis housing and only 43 percent offered special programs to specifically address the needs of teenagers.[5]

A number of initiatives have been taken by the federal government to curtail the high rise in teen suicide. In October 1983 the U.S. House of Representatives Select Committee on Children, Youth and Families held a public hearing entitled "Teenagers In Crisis: Issues and Programs." Members of the committee heard testimony from experts on the plight of youth and innovative programs and services to meet their needs. Teenage suicide was a focal point of the three panels who spoke.

In October of 1984 a similiar hearing was held by the Subcommittee on Juvenile Justice of the Committee on the Judiciary in the U.S. Senate which focused specifically on teenage suicide.[6] Witnesses who included Dr. Allan L. Berman, president of the American Association of Suicidology, offered testimony on factors leading to adolescent suicide and recommendations to the committee regarding

CG 018561

preventive action the federal government should take.

This momentum at the federal level coupled with the concern of communities across the country has led to the introduction of a bill in the U.S. House of Representatives entitled "Youth Suicide Prevention Act of 1985"(H.R. 1894). Introduced in April by Rep. Tom Lantos (D-Calif), this legislation, if passed, will establish a commission to study the causes of suicide and identify promising crisis intervention strategies. The bill would also create a three-year grant program to aid states, communities and private nonprofit groups in suicide prevention acitivities. Awards would be no more than $500,000 to one applicant for fiscal years 1986, 1987 and 1988. A total of $6,000,000 would be made available for each fiscal year.

Aside from efforts at the federal level, a number of states have taken legislative initiatives to deal with the problem of teen suicide. In 1983 California passed a bill to develop a statewide youth suicide-prevention program through the establishment of state-mandated demonstration programs in two counties. These models will serve as coordinating centers for the planning and development of the statewide initiative. In the following year the Florida Legislature passed the Florida Youth Emotional Development and Suicide Prevention Act to curtail the high suicide rate and deal with the contributory factors. This act calls for coordination between educational programs and community suicide-prevention and crisis center agencies. A plan was to have been developed by the Department of Health and Rehabilitation Services for submission by January of this year. A third state, New York, has earmarked some $3,500,000 for suicide awareness and a prevention program in schools statewide.

North Carolina's initiatives in the area of suicide prevention are commendable but in no way pacesetting. Local schools that have experienced a suicide or had the foresight to institute preventive measures are providing group counseling and other structural methods to offset crisis situations. Students are also exposed to health-related problems of teenagers in their comprehensive curriculum. However, it is quite likely, especially in light of the continuing high rate of suicide among adolescents, that a more broad-based plan needs to be activated. The report issued by the Governor's Advocacy Council on Children and Youth recommends that workshops be initiated to train school counselors, teachers and school administrators so that they can better observe and detect warning signs that may lead to suicide. It is also recommended that schools form crisis teams which can implement a designated plan of action if and when a crisis occurs.[7]

Along with the various strategies employed by the local school systems in North Carolina, there are awareness campaigns and training workshops sponsored by the N.C. Division of Mental Health, Mental Retardation and Substance Abuse Services(MH/MR/SA), local public mental health centers, private crisis prevention facilities and the media(WPTF FM of Raleigh had a week long series on teenage suicide in late August 1985). MH/MR/SA along with other state agencies just recently sponsored a series of workshops aimed at preventing suicide in

residential facilities that serve youth. Adaptation and expansion of this format to train and alert parents, teachers, medical doctors, youth services workers and law enforcement are desirable and very much needed.

It is probable that more coordination and leadership are needed from the state level to insure that efforts at combating teenage suicide are maximized. In 1984 127 adolescents between the ages of 15 and 24 took their own lives.[8] Many of these deaths were preventable. In his testimony before the U.S. Senate's Subcommittee on Juvenile Justice, Alan L. Berman stated "Clearly, adolescents give messages on their way toward death. We know that roughly 80 percent will communicate in one form or another that suicide is on their mind, and that it is a possibility."[9] The challenge to North Carolina is to hear these pleas for help. Awareness of the verbal and nonverbal cues which accompany adolescent depression and how and where to find help are paramount to any sustained effort to thwart these high suicide statistics.

Much is known about teenage suicide and information is available. Research shows that: 1) one out of every five suicides in 1980 involved a 15 to 24 year old male; 2) five to ten times as many girls attempt suicide as boys, but boys use more lethal methods and succeed four times as often; 3) firearms and explosives accounted for 62 percent of all adolescent suicides in 1980. Eighty-five percent of those using firearms are male and states with stricter handgun control laws have lower rates of suicide using this method;[10] 4) females are more likely to ingest drugs and poisons than males which account for their overrepresentation as non-fatal attempters. Nonetheless, 52 percent of those who complete suicide used firearms;[11] 5) nine out of ten teenage suicide attempts occur in their own homes; 6) more than one in four black suicides is aged 15 to 24. The greatest increase is among black males; and 7) suicide is the second leading cause of death among college students.[12] Since the incidence of suicide is most prevalent among white males, the National Institute of Mental Health is engaged in studies of the psychosocial factors that differentiate white males from others in the 15 to 24 age group.

Beside the availability of statistical data, experts have isolated a number of contributory factors which account for the rise in teenage suicide. Among the factors are broken homes, suicidal parent or relative, drug and alcohol use, pressures of adolescence, sexual promiscuity, lack of family ties, lack of coping skills, academic pressures and the influence of movies and television. Studies of adolescents who have attempted suicide indicate that marital instability, marital unhappiness, disruption of residence and inadequate parental functioning are prevalent.[13] Suicidal teenagers tend to feel a sense of hopelessness and lack of control over their environments and are less likely to have a confidant with whom they can share problems.[14] While depression is most mentioned as the root cause of teenage suicide, the combination of variables which are present at the point of decision are more elusive. Alan L. Berman

sounded the bewilderment of experts in the following statement:

> The decision to end one's life can never be simple. Suicide is a complex multi-determined behavior that is acted out either on impulse or as a life plan. In adolescence, the motives for suicidal behavior appear largely interpersonal, directed at effecting change in or escape from the conflictual family or peer system. The intended communication may range from hostility to hopelessness; each case has its idiosyncratic message. One thing appears clear; no other way to achieve the intended goal is apparent to the suicidal adolescent at the time the behavior is compelled.[15]

While all of the pieces to this massive puzzle are not known, suicidologists posit the view that the rate of suicides could be significantly decreased if parents, teachers, peers and others working closely with youth were better educated about the problem and more aware of the warning signs. Awareness of the signs allows those closest to the youth to begin an assessment, make a referral or notify appropriate mental health personnel. Some signs which offer a degree of reliability are previous suicide attempts, a suicide threat or comment, withdrawal from family and friends, themes of suicide in essays or artwork, a drop in school performance, use of drugs or alcohol and giving away of prized possessions.

Leadership and coordination are vital elements of any successful suicide prevention program. The role to be played by the state through its various agencies has not been clearly defined. Strategies to address the problem have been too isolated and lacked the networking which is expected if prevention is to be a statewide objective. Among the many concerns which beckon the attention of state officeholders and other public officials are 1) the public thirst for information and training on suicide prevention; 2) the development of standards for crisis staff and facilities operating in the state; 3) defining the role that school personnel and the curriculum, as well as private nonprofit facilities, will play in prevention; 4) the coordination and promotion of research efforts to broaden strategies and insure that services are maximized; and 5) the recognition and promotion of successful programs in North Carolina and other states which can be adapted to similiar settings.

Many youth in North Carolina, as well as the nation, find it extremely difficult to cope under stressful situations. They are crying out each year for help as they strive to fashion some alternative to their pain and bewilderment. North Carolina must insure that there are life-sustaining alternatives available and that adolescents are aware of these options. Much more than that, young people must be invited to live and constantly reinforced with the fact that their uniqueness is a contribution to the world that can not be replaced.

Notes

1. Published Data, Division of Vital Statistics, National Center for Health Statistics.

2. Published Data, Division of Vital Statistics, National Center for Health Statistics.

3. Detailed Mortality Statistics Reports, North Carolina, State Center for Health Statistics.

4. Teenage Suicide: The Final Cry by the Governor's Advocacy Council on Children and Youth(Raleigh, N.C. Department of Administration, May 1985), p.25.

5 Teenage Suicide: The Final Cry, p.25.

6. U.S. Senate, Subcommittee on Juvenile Justice of the Committee on the Judiciary on Teenage Suicide, Hearings, 99th Cong., 2nd Sess.(Washington, D.C.: GPO, 1984).

7. Teenage Suicide: The Final Cry, pp.8-9.

8. 1984 Detailed Mortality Statistics Reports, North Carolina, State Center for Health Statistics.

9. U.S. Senate, Subcommittee on the Juvenile Justice of the Committee on the Judiciary on Teenage Suicide, p.34.

10. U.S. Senate, Subcommittee on Juvenile Justice of the Committee on the Judiciary on Teenage Suicide,p.34.

11. U.S. Senate, Subcommittee on Juvenile Justice of the Committee on the Judiciary on Teenage Suicide, p.34.

12. B.J. Silver, S.E. Golston and L.B. Silver, "The 1990 Objectives for the Nation for Control of Stress and Violent Behavior: Progress Report," Public Health Reports (July-August 1984), p.380.

13. C.L. Tishler, P.C. McKenry and K.C. Morgan, "Adolescent Suicide Attempts: Some Significant Factors," Suicide and Life-Threatening Behavior, (Summer, 1981), pp. 86-92.

14. P. Topol and M. Reznikoff, "Perceived Peer and Family Relationships, Hopelessness and Locus of Control as Factors in Adolescent Suicide Attempts," Suicide and Life Threatening Behavior, (Fall, 1982), pp.141-150.

15. U.S. Senate, Subcommittee on Juvenile Justice of the Committee on the Judiciary on Teenage Suicide, pp.37-38.